

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00235853			
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;"><input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on</span>			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>			
Full Name of Payee <b>Human Rights Campaign</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014			
Mailing Address 1640 Rhode Island Ave NW			Amount 369.16			
City Washington State DC Zip Code 20036		Transaction ID : D592652				
Purpose of Expenditure Video Production		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Name of Federal Candidate Louie Gohmert			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought			369.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Human Rights Campaign</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2014			
Mailing Address 1640 Rhode Island Ave NW			Amount 369.16			
City Washington State DC Zip Code 20036		Transaction ID : D592653				
Purpose of Expenditure Video Production		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 10 / 31 / 2014		
Name of Federal Candidate Glenn S Grothman			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought			369.16		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			738.32			
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶						
(c) TOTAL Independent Expenditures..... ▶						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Mr. James Rinefierd Signature			[Electronically Filed]		Date MM / DD / YYYY 10 / 31 / 2014	

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Human Rights Campaign PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00235853
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Human Rights Campaign</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 30 / 2014</b>	
Mailing Address <b>1640 Rhode Island Ave NW</b>		Amount <b>369.18</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>D592654</b>
Purpose of Expenditure <b>Video Production</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 31 / 2014</b>	
Name of Federal Candidate <b>Jody Hice</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <b>10</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>GA</b>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>369.18</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>1107.50</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. James Rinefierd

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 31 / 2014**

Signature